

JOHN WAIHEE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

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COMPTROLLER

KEN KIYABU
DEPUTY COMPTROLLER

October 1, 1988

COMPTROLLER'S MEMORANDUM NO. 88-34

TO: Heads of Department and Agencies
ATTENTION: Risk Management Coordinators
FROM: Russel Nagata, Comptroller
SUBJECT: Tort Claims Against the State

The purpose of this memorandum is to notify all departments and agencies that the Attorney General has authorized the Comptroller to resolve property damage or loss and personal injury claims against the State up to \$10,000.

Legal Reference: Act 266, SLH 1988, permits the Attorney General to refer claims arising under Chapter 662-11 to the Comptroller for resolution.

Discussion: The majority of claims handled by the Attorney General staff involve personal injury and property damage or loss of amounts less than \$10,000. Better utilization of time and effort will be realized when these claims are handled by claim adjusters rather than attorneys. More time will be available to the legal staff to deal with much bigger cases. Loss prevention measures will be enhanced as the casual effects of the loss can be analyzed and treated by the Risk Management Staff of the Department of Accounting and General Services.

In order to utilize the most efficient method available for adjusting claims, Alexsis Risk Management, Inc. has been contracted to provide claims adjusting services.

Procedure: Effective October 1, 1988, all tort claims against the State filed with your department or agency shall be forwarded to the Department of Accounting and General Services, Risk Management Staff located in the Kalanimoku Building, Room 111B. The claimant will receive a written acknowledgement of the claim and be informed that an investigation will be conducted.

All claims will be analyzed by the Risk Management Staff to identify problems and improve loss control activities. The claims will be sent to the claims adjuster, Alexsis, for resolution. Alexsis will initiate an investigation of the claim which may involve your department or agency. Your full cooperation and participation in their investigation is requested. Based upon their investigation and evaluation, they will either deny the claim or recommend payment of the claim.

If payment is recommended, the Attorney General will review the settlement recommendation for approval. If the settlement is approved, payment will be made. If a settlement is not approved or cannot be reached, the claim will be denied or referred to the Attorney General for further action.

Standard Forms (Attached):

a) Claim for Damage or Injury (Form AG 1986-08231):

In order for a claim to be accepted, the claimant must be instructed to complete the form in accordance with the instructions outlined in the claim form.

b) Incident/Accident Report (Form RML-001):

The primary purpose for completing the Incident/Accident Report is for loss control. This report is the first notice of an incident/accident. Prompt reporting is essential in order to collect facts while they are available and fresh in the mind.

This form (Parts 1 & 2) is to be prepared by the employee who may be contacted by phone, letter, or in person regarding an incident/accident.


This form (Parts 3 & 4) is to be prepared by the immediate supervisor having authority or control over the incident/accident.

Other Forms: Other forms or information may be requested to assist in loss control and in the investigation and settlement of a claim.

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If you should have any questions, please contact
Mr. John Takamune, Risk Management Officer, at 548-3214.

Your cooperation in this new procedure for handling
tort claims will be greatly appreciated.



RUSSEL NAGATA
Comptroller

Attachments

NOTICE TO CLAIMANT

In order that your claim for damages may receive proper consideration, you must supply the information called for on the claim form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. Please read the instructions below carefully before the form is prepared.

INSTRUCTIONS

Claims for property damage, loss or destruction, or for personal injury, must be signed by the owner of the property or by the injured person, or by a parent, in the case of a minor. If that person cannot sign because of death, disability, or other reasons acceptable to the State of Hawaii, then the duly authorized agent or other legal representative may file the claim and must provide evidence satisfactory to the State of their authority to act.

The amount claimed should be supported as follows:

(a) For personal injury or death, the claimant must submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation. The claimant or physician must attach itemized bills for medical, hospital, or burial expenses actually incurred.

(b) For damage to property which has been or can be economically repaired, the claimant must submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts showing actual payment.

(c) For lost or destroyed property or for damage to property which is not economically reparable, the claimant must submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the incident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Please print in ink or use a typewriter to complete the claim form and submit in duplicate to:

Department of Accounting and General Services
Risk Management
State of Hawaii
1151 Punchbowl Street
Honolulu, Hawaii 96813

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by that office.

**YOUR CLAIM WILL NOT BE CONSIDERED UNTIL YOU PROVIDE THE
REQUIRED SUPPORTING DOCUMENTS.**

CLAIM FOR DAMAGE OR INJURY

(Attach additional sheets if necessary)
(Print in ink or type)

1. Full name of claimant/victim: _____

2. Residence Address (including zip code): _____

3. Phone: Res: _____ Bus: _____
4. Occupation: _____
5. Place of Employment: _____

6. Location of Incident/Address: _____

7. Date of Incident: _____ Day of week: _____
Time: _____
8. Description of Incident. (State below, in detail, all known facts and circumstances, identify persons and property involved, and why you believe the State of Hawaii was at fault.)

9. Witnesses to incident/injury/damage/loss:

Name

Address

Phone No.

10. Property Damage or Loss (Nature and extent of damage or Loss):

11. Personal Injury (Nature and extent of injury or loss):

12. Amount of claim (See instructions for how to prove amount):

Personal injury \$ _____

Property damage/loss \$ _____

Total \$ _____

Dated: _____

Signature of person filling claim

Address

City, State

Zip

1-----1	<u>INCIDENT</u> :	EVENT OR SITUATION WHICH MAY OR COULD HAVE RESULTED IN PHYSICAL HARM OR PROPERTY DAMAGE
1-----1	<u>ACCIDENT</u> :	EVENT OR SITUATION WHICH RESULTED IN PHYSICAL HARM OR PROPERTY DAMAGE

1. NEVER ADMIT LIABILITY! AVOID SAYING THAT THE EVENT OR SITUATION WAS UNSAFE, DANGEROUS, HAZARDOUS, INADEQUATE, UNPROFESSIONAL, SUBSTANDARD OR OTHERWISE DEFICIENT.
2. REFER TO THE INCIDENT OR ACCIDENT AS AN UNFORTUNATE EVENT OR SITUATION.
3. ASK QUESTIONS TO GATHER PERTINENT FACTS AND TO CLARIFY IMPORTANT POINTS.
4. REVIEW YOUR UNDERSTANDING OF THE INCIDENT OR ACCIDENT WITH THE CALLER.
5. INFORM THE CALLER THAT THE MATTER WILL BE INVESTIGATED PROMPTLY AND THAT FOLLOW-UP WILL BE MADE.
6. EXPRESS SINCERE THANKS FOR THE CALLER'S INFORMATION AND/OR SUGGESTION TO CORRECT, PREVENT PROBLEMS OR TO PROMOTE PUBLIC HEALTH AND SAFETY.
7. REMEMBER - YOU ARE THE FIRST IMPORTANT STEP IN LOSS CONTROL FOR THE STATE OF HAWAII. IF THE CALLER IS LEFT FEELING THAT THE STATE IS UNCONCERNED, A LAWSUIT COULD BE INITIATED.

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Form RML-001
Part 1 of 4

Report No. _____
(RM use)

STATE OF HAWAII
INCIDENT/ACCIDENT REPORT
(Risk Management)

DATE RECEIVED: _____

PERSON RECORDING INFORMATION: _____

NAME OF CALLER: _____

ADDRESS: _____ PHONE NO.: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ a.m./p.m.

WHAT HAPPENED AND HOW? (CONDITION DESCRIBED): _____

WHERE DID IT HAPPEN? (BUILDING NAME/ADDRESS/SPECIFIC LOCATION):

LIKELY CAUSE? (OBJECT/EQUIPMENT/SUBSTANCE INFLICTING): _____

WITNESSES (NAME, ADDRESS AND PHONE NO.): _____

SUPERVISOR'S RESPONSE TO CALLER/FOLLOW-UP ACTION
(To be executed upon completion of "Supervisor's Report", Part 3 of 3)

Date/Time of Response/Follow-up

By:

Original to: DAGS/Risk Management

Form RML-001
Part 2 of 4

STATE OF HAWAII
SUPERVISOR'S INCIDENT/ACCIDENT REPORT
(Risk Management)

Caller or Claimant:	Date of Occurrence:
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INJURY OR ILLNESS	PROPERTY DAMAGE/LOSS	INCIDENT
Part of Body Affected:	Property Damaged/Loss:	Nature of Incident:
Nature of Injury/Illness:	Nature of Damage/Loss:	
Object/Equip./Substance Inflicting:	Object/Equip./Substance Inflicting:	Object/Equip./Substance Related:
Person with most control of Inflicting Item:	Person with most control of Inflicting Item:	Person with most control of Related Item:

DI Describe clearly how the incident/accident occurred:

IEI _____

ISI _____

ICI _____

IRI _____

II _____

PI _____

TI _____

II _____

OI _____

NI _____

EVALUATION I

Loss Severity Potential: _____ Probable Recurrence Rate: _____

Major Serious Minor Frequent Occasional Rare

PI What action has or will be taken to prevent recurrence? List all actions in sequence:

IEI _____

IVI 1. _____

IEI _____

INI 2. _____

ITI _____

II 3. _____

OI _____

NI 4. _____

Give date of immediate action taken. Give date when action completed.

Immediate action: 1. _____ 2. _____ 3. _____ 4. _____

Action Completed: 1. _____ 2. _____ 3. _____ 4. _____

Investigated by:	Reviewed by:
Date: _____	Date: _____
(Supervisor)	(Risk Mgmt. Coord.)
Department/Unit: _____	Phone: _____

Report No. _____
(RM use)

STATE OF HAWAII
SUPERVISOR'S INCIDENT/ACCIDENT REPORT
LIST OF PREVENTIVE ACTIONS NOT IMPLEMENTED
AND REASONS
(Risk Management)

INCIDENT/ACCIDENT

Action
No.---

----- REASON -----

(Supervisor)

Original to: DAGS/Risk Management

Form RML-001
Part 4 of 4